



A DESCRIPTIVE STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING HEALTH HAZARDS OF TOBACCO CHEWING AMONG ADOLESCENTS AT SELECTED URBAN AREA, AHMEDABAD, GUJARAT

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ABSTRACT

Tobacco consumption is a global problem. It is the single most preventable cause for adult death and disease in the world today. It is estimated that one in three people use tobacco products, with over one million people use tobacco and its products world-wide. Nearly four million of the world population would have been saved from the clutches of death due to tobacco addiction. Nicotine is a highly addictive substance and adult people experimentation can easily lead to a life time of tobacco dependence. The adolescent's tobacco consumption has been found to be major contributors of specially adolescents have habit of tobacco consumption. For preventing tobacco the proper action required to modifications in behavior and adoption of good habits. Among the youth students are particularly involved due to increase in academic pressure and uncertain carrier encouragement from peer group, the cure of popularity, influence by favorite personalities and easily availability of tobacco in different forms make a teenager start using tobacco products daily the majority of users have first used tobacco prior to the adolescents in early age groups. Therefore, research investigator felt that to assess the level of knowledge regarding tobacco and its effect to the health among adolescents to improve the knowledge and change their attitude towards tobacco consumption.

KEYWORDS: Oral, Tobacco, Health, Nicotine.

INTRODUCTION:

"Health is wealth as it has a strong and lasting impact on ones persona as well as progress in life. According to WHO, health is state of complete Physical, Mental, Social and spiritual wellbeing and merely absence of disease or infirmity".

Cancers of the mouth and pharynx account for 363,000 annual new cases world-wide and almost 200,000 deaths. They are 2.5 times more common in men than in women. The risk is similar in developed and developing countries. The age-standardized incidence rates are (13.5 versus 11.5) for males and (3.0 versus 5.1) for females in developed and developing countries, respectively.

Tobacco smoking and alcohol consumption are the major causes of cancers of the mouth and pharynx in developed countries and Southern Africa, whereas tobacco chewing explains the high incidence in some developing countries.

Tobacco is a product prepared from the leaves of the tobacco plant by curing them. The plant is part of the genus *nicotina* and of the *solanaceae* (nightshade) family. While more than 70 species of tobacco are known, the chief commercial crop is *n. Tabacum*. The more potent variant *n. Rustica* is also used around the world tobacco contain the alkaloid nicotine, which is a stimulant dried tobacco leaves are mainly used for smoking in cigarettes, cigars, pipe tobacco, and flavored shisha tobacco. They can be also consumed as snuff, chewing tobacco, dipping tobacco, and snus.

Tobacco use is a serious health problem. About one by fifth of all worldwide deaths attributed to tobacco occur in India, more than 8, 00,000 people die and 12 million people become ill to tobacco. In India, deaths attributed to tobacco are expected to rise from 1.4% of all deaths in 1990 to 13.3% in 2020. It is estimated that 5,500 people start using tobacco every day in India.

LITERATURE REVIEW:

A qualitative study conducted by Geckova on determinants of adolescents tobacco chewing behavior. At manesova focused on determinants of adolescents tobacco chewing behavior. Determinants were divided into three groups' individual factors, social factors and societal factors. Individual factors include knowledge intensions, attitude health related behavior personality characteristics and school related variables. Social factors include tobacco chewing behavior of parents, sibling, peers and significant adults. But also family characteristics, social support and social economic status. Societal factors include restrictions on tobacco chewing, tobacco advertisements and tobacco chewing behavior of adolescent's role model. And study shows that tobacco chewing level and tobacco chewing related attitudes during early adolescents are strongly influenced by the tobacco chewing habits of one's peers.

A prospective longitudinal cohort study conducted by brigitteschmid, on concurrent alcohol and tobacco use during early adolescence characterizes a group at risk in Germany. The data has been collected from 384 samples. The study findings shows that 197 (60.4%) reported lifetime cigarette use and 240 (73.6%) life time alcohol use. The consumer groups did not differed significantly in gender ($\chi^2 = 6.48$, $df = 3$, $p = 0.090$) but differed significantly by age ($F(3.321) = 9.85$, $p < 0.000$). The minor absolute differences 14.82-15.09, the study concludes that concurrent alcohol and tobacco use during early adolescences is

associated with characteristics that are well known as risk factors for later alcohol use

SAMPLE SIZE:

Sample consists of the subject of the population selected to participate in a research study. In this study, sample consists of 100 adolescents age of 14 – 18 years.

DATA ANALYSIS:

AGE		
VARIABLE	FREQUENCY	PERCENTAGE
14-16 years	36	36%
17-19 years	64	64%
Total	100	100%
GENDER		
Male	60	60%
Female	40	40%
Total	100	100%
TYPE OF FAMILY		
Nuclear family	43	43%
Joint family	57	57%
Total	100	100%
EDUCATION		
10th standard	17	17%
11th standard	46	46%
12th standard	20	20%
1st year college	17	17%
Total	100	100%
FATHER'S OCCUPATION		
Government employee	11	11%
Private employee	37	37%
Other	52	52%
Total	100	100%
MOTHER'S OCCUPATION		
House wife	26	26%
Government employee	37	37%
Private employee	31	31%
Other	6	6%
Total	100	100%

INCOME OF PARENTS		
Below 5000 Rs	41	41%
5001-10000 Rs	6	6%
10001-15000 Rs	25	25%
Above 15000 Rs	28	28%
Total	100	100%
KNOWLEDGE ABOUT TOBACCO CHEWING		
Yes	40	40%
No	60	60%
Total	100	100%
SOURCE OF KNOWLEDGE		
Mass media	16	16%
Friends	32	32%
Relatives	24	24%
Other	28	28%
Total	100	100%

LEVEL OF KNOWLEDGE

KNOWLEDGE	FREQUENCY	PERCENTAGE
Very Good (>20)	32	32%
Good (16-20)	40	40%
Average (10-15)	28	28%
Below Average (<10)	-	-

INTERPRETATION:

From the above level of knowledge table, it can be seen that 32% of the respondents have very good knowledge regarding tobacco chewing, 40% of the respondents have good knowledge regarding tobacco chewing where as 28% of the respondents have average knowledge tobacco chewing

Mean, Mean Percentage and Rank Order of Respondents according to Areas of knowledge regarding tobacco chewing

AREAS OF KNOWLEDGE	SCORE	MEAN	MEAN %	RANK
General Knowledge About Tobacco	14	9.58	68.43%	1
Knowledge About Effects Of Tobacco	16	9.22	57.63%	2

INTERPRETATION:

From the above table it can be seen that, respondents have good knowledge regarding General Knowledge about Tobacco (68.43%, 1 rank), followed by Knowledge about Effects of Tobacco (57.63%, 2 rank)

ASSOCIATION BETWEEN KNOWLEDGE AND DEMOGRAPHIC VARIABLE

SR NO	DEMOGRAPHIC VARIABLES	DF	P VALUE	LEVEL OF KNOWLEDGE χ^2	SIGNIFICANCE
1	AGE	1	0.000	20.64	Significant
2	GENDER	1	0.029	5.55	Significant
3	TYPE OF FAMILY	1	0.022	14.20	Significant
4	EDUCATION	3	0.000	22.10	Significant
5	FATHER'S OCCUPATION	2	0.002	13.22	Significant
6	MOTHER'S OCCUPATION	3	0.541	28.57	Non-Significant
7	INCOME OF PARENTS	3	0.033	33.00	Significant
8	KNOWLEDGE ABOUT TOBACCO CHEWING	1	0.924	0.63	Non-Significant
9	SOURCE OF KNOWLEDGE	3	0.021	0.79	Significant

From the above table it can be concluded that there is relation between any of the demographic variable with the level of knowledge.

For the demographic variable Age and the level of knowledge χ^2 value is 20.64

and significant level of 0.05 hence significant association is there between Age and level of knowledge.

For the demographic variable Gender and the level of knowledge χ^2 value is 5.55 and significant level of 0.05 hence significant association is there between Gender and level of knowledge.

For the demographic variable type of family and the level of knowledge χ^2 value is 14.20 and significant level of 0.05 hence significant association is there between type of family and level of knowledge.

For the demographic variable education and the level of knowledge χ^2 value is 22.10 and significant level of 0.05 hence significant association is there between education and level of knowledge.

For the demographic variable father's occupation and the level of knowledge χ^2 value is 13.22 and significant level of 0.05 hence there is no significant association between father's occupation and level of knowledge.

For the demographic variable father's occupation and the level of knowledge χ^2 value is 28.57 and significant level of 0.05 hence there is no significant association between No of Children and level of knowledge.

For the demographic variable mother's occupation and the level of knowledge χ^2 value is 33.00 and significant level of 0.05 hence significant association is there between mother's occupation and level of knowledge.

For the demographic variable knowledge about tobacco chewing and the level of knowledge χ^2 value is 0.63 and significant level of 0.05 hence there is no significant association between knowledge about tobacco chewing.

For the demographic variable source of knowledge and the level of knowledge χ^2 value is 0.79 and significant level of 0.05 hence significant association is there between source of knowledge and level of knowledge.

FINDINGS:

- 64% of the respondents are between age group of 17-19 years
- 60% of the respondents are male
- 57% of the respondents are living in joint family
- 46% of the respondents studying in 11th standard
- 52% of the respondents' father have other occupation
- 37% of the respondents' mother working in Govt sector
- 41% of the respondents' family income is below 5000 Rs
- 60% of the respondents don't have knowledge regarding tobacco chewing
- 32% of the respondents believe friends are their source of knowledge
- 32% of the respondents have very good knowledge regarding tobacco chewing, 40% of the respondents have good knowledge regarding tobacco chewing where as 28% of the respondents have average knowledge tobacco chewing
- Respondents with age group 14-16 years have highest level of knowledge
- Male respondents have more knowledge then women
- Respondents living in nuclear family have more knowledge
- 10th and 12th standard students have more knowledge
- Respondents whose father working in Govt sector have more knowledge
- Respondents whose mother is house wife have more knowledge
- Respondents whose parent's income is above 15000Rs have more knowledge
- Respondents where source of knowledge is relatives have more knowledge

CONCLUSION:

In this study relation between knowledge regarding prevention of home accidents. From the data analysis it can be proved that age group 14-16 years have highest level of knowledge, male respondents have more knowledge then women, respondents living in nuclear family have more knowledge, 10th and 12th standard students have more knowledge, respondents whose father working in Govt sector have more knowledge, respondents whose mother is house wife have more knowledge, respondents whose parent's income is above 15000Rs

have more knowledge, respondents where source of knowledge is relatives have more knowledge.

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